

# REINSTATEMENT

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Telephone (360) 664-1222 – Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

#### FOR OFFICIAL USE ONLY

|                   |            |              |
|-------------------|------------|--------------|
| Reception Number: | Safety:    | Carrier ID#: |
| 111 0268 200 02   | Insurance: | Employee:    |

#### TYPE OF APPLICATION (check one)

| New Common Carrier Permit Authority, or<br>Transfer of Existing Permit Number                                   | Extension of Common Carrier Permit Authority  |
|---|---|
| <input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY   | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including<br>ARMORED CAR SERVICE                            |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including<br>ARMORED CAR SERVICE                            | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including<br>HAZARDOUS MATERIALS                            |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including<br>HAZARDOUS MATERIALS                            | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including<br>HAZARDOUS MATERIALS and ARMORED CAR<br>SERVICE |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING<br>HAZARDOUS MATERIALS and ARMORED CAR<br>SERVICE |   |

☐ \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  
(Must be filed within 10 months of cancellation)

For Commission Use Only:  
Auth #: \_\_\_\_\_

#### TYPE OF PAYMENT

☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ Mastercard ☐ Visa Expiration Date \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

#### MOTOR CARRIER IDENTIFICATION

|   |         |   |
|---|---------|---|
| CC#:  | US DOT# | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: |
| APPLICANT NAME:   |         | PHONE#:                                 |
| d/b/a:  |         | FAX #:                                  |
| BUSINESS (MAILING) ADDRESS:<br>(street address, P.O. Box) |         |   |
| (city, state, zip)  |         |   |
| PHYSICAL ADDRESS: (street address, if different)          |         |   |

## TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

☐ INDIVIDUAL    ☐ PARTNERSHIP    ☐ CORPORATION – STATE OF INCORPORATION \_\_\_\_\_  
(LP, LLP, LLC)

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

\_\_\_\_\_  
\_\_\_\_\_

## TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of current permit holder

\_\_\_\_\_  
Date

## INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is received)

☐ The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--**\$300,000** in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

☐ The applicant WILL NOT HAUL hazardous materials in any quantity -- **\$750,000** in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.

☐ The applicant WILL HAUL hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

☐ The applicant WILL HAUL hazardous materials requiring **\$5 million** in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.

## EQUIPMENT LIST (Attach additional list if necessary)

| UNIT# | LICENSE# | STATE | VIN# |
|-------|----------|-------|------|
|       |          |       |      |
|       |          |       |      |
|       |          |       |      |

*I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date